

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10751290

FILING DATE

15-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
6		①				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		1				
19		1				
20		1				
21		1				
22		①				
23		①				
24		1				
25		①				
26		1				
27		1				
28	1					
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38		①				
39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45	1					
46		①				
47		①				
48		①				
49		①				
50	1					
TOTAL IND.	4					
TOTAL DEP.	70					
TOTAL CLAIMS	74					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51		①										
52		①										
53		①										
54												
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												